CLAIMS ONLY		Application Number		Filing Date
		10/618265		
		Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1								51						
2								52						
3								53						
4								54						
5								55						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	2							Total Indep						
Total Depend	1							Total Depend						
Total Claims	3							Total Claims						